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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted with Initial
Filing **OR** Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	ATM-280
First Named Inventor	Yolanda Yuan
COMPLETE IF KNOWN	
Application Number	10 / 686,401
Filing Date	October 14, 2003
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**FUNCTIONAL REGISTER DECODING SYSTEM FOR MULTIPLE
PLANE OPERATION**

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
		<input type="checkbox"/>

[Page 1 of 2]

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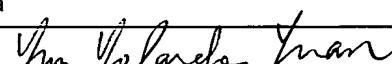
DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)	
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number <input style="border: 1px solid black; width: 100px; height: 15px; vertical-align: middle;" type="text" value="003897"/> → <input type="checkbox"/> Place Customer Number Bar Code Label here OR <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below			
Name	Registration Number	Name	Registration Number
Thomas Schneck Mark Protsik Gina McCarthy	24,518 31,788 42,986	David M. Schneck Nissa Strottman Kwan Chan Bradley W. Scheer	43,094 52,257 52,714 47,059
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.			

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <input style="border: 1px solid black; width: 100px; height: 15px; vertical-align: middle;" type="text" value="003897"/> OR <input checked="" type="checkbox"/> Correspondence address below					
Name	Law Offices of Schneck & Schneck				
Address	P.O. Box 2-E				
Address					
City	San Jose	State	CA	ZIP	95109-0005
Country	USA	Telephone	408/297-9733	Fax	408/297-9748

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<input type="checkbox"/> Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle if any) Yolanda				Family Name or Surname Yuan				
Inventor's Signature							Date	11/18/03
Residence: City	Saratoga	State	CA	Country	U.S.A.	Citizenship	U.S.A.	
Post Office Address	20876 Sarahills Drive							
Post Office Address								
City	Saratoga	State	CA	ZIP	95075	Country	U.S.A.	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>2</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto								



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PTO/SB/02A (3-97)

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Jason			Guo				
Inventor's Signature						Date	11/18/03
Residence: City	San Jose	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	4261 Delacroix Ct.						
Post Office Address							
City	San Jose	State	CA	ZIP	95135	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Sai K.			Tsang				
Inventor's Signature						Date	11/18/03
Residence: City	Union City	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	108 Pepper Lane						
Post Office Address							
City	Union City	State	CA	ZIP	94587	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Vikram			Kowshik				
Inventor's Signature						Date	11-18-'03
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	10467 Anson Ave.						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>	
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Steven J.			Schumann				
Inventor's Signature	<i>Steven Schumann</i>						Date
Residence: City	Sunnyvale	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	780 Peekskill Drive						
Post Office Address							
City	Sunnyvale	State	CA	ZIP	94087	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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